## **State of South Dakota**

Candidates and candidate committees: File in the office where you filed your nominating petition.

## Candidate's or Committee's Report of Receipts and Expenditures OF STATE

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070 See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee AL ROISTINEN Complete Mailing Address 17738 464th AVE; GOODWIN, 5D 57238 Name of Person Making Report AL KOISTINEN If you are a candidate, what office are you seeking House of REP If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Post GENERAL For Reporting Period Ending (See pages 4 & 5 of Guideline Book) DEC. 31, 2002 The following verification must be completed before submitting report. VERTFICATION OF PERSON MAKING REPORT AL KOISTINEN (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Date: 12-27-02

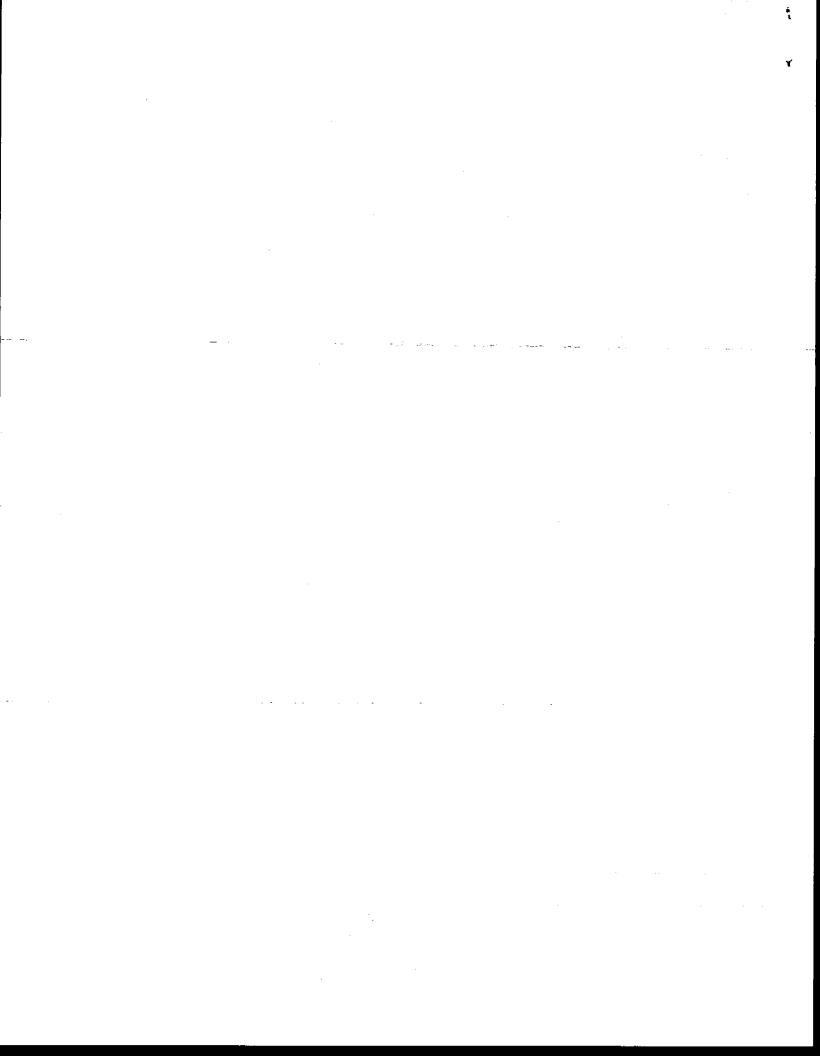
Candidate Signature or

Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 30 day of December, 20 02

SECRETARY OF STATE



Name of Candidate or Committee	AL KOISTINEN
For the reporting period ending	DEC 31, 2002

## Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Itemized Contributio	ns from Individuals			
Name	Residence Address	Place of Employment (Name of Employer)		
BRAD JOHNSON	950 N LAKE DR WATERTOWN, SD 57201	JOHNSON APPRAISAL	\$_	200.00
DON BROSZ	2530 SIOUX CONIFIR RD WATERTOWN, SD 57201	RETIRED	\$	175.00
JOHN CALVIN	PO BOX 847 WATERTOWN SD 57201	J. SCOTT INDUSTRIES	\$_	250.00
MYRTLE KOISTINEN	200 5 MAPLE # 208 WATERTOWN SD 57201	NONE	\$_	250.00
MIKE TOMLINSON	1810 741 AVE NE WATERTOWN, SD 57201	AFLAC INS.	\$_	250.00
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Total of Itemized Contributions from Individuals:

Name of Candidate or Committee AL KOISTINEN For the reporting period ending DEC 31 2002 Schedule A - Direct Contributions (continued) 22,00 **\***\$ Unitemized Contributions from Political Parties: Itemized Contributions from Political Parties SD REP. PARTY Name PO Box 1099; PIERRE SD 500,00 500,00 CODINGTON CO. REPUBLICAN PARTY POBOX 1254; WATERTOWN SD. 350.00 DESMET, SO KINGSBURY CO. REPUBLICAN PARTY 200,00 POBOX 658; HURON 5D . . BEADLE CO REPUBLICAN WOMEN - 160,00 PO BOX 1258, HURON S.D. BEADLE CO REDUBLICAN PARTY Total of Itemized Contributions from Political Parties: \*\$ 1650.00 Itemized Contributions from Political Action Committees (PAC's) (All contributions from PAC's must be itemized.) Address PAC Name 200,00 1323 S. MINN. AVE; SIOUX FALLS SO MED PAC 25,00 2703 W 7th St. SIOUX FALLS SD FOR DROGRESS (INNKERPERS) 100,00 PO BOX 84002; Sioux FAUS ACTION COMM, FOR ETHANOL SD CERTIFIED REG NURSE ANETHETISTS 4518 RIVER DAKS DR SIOUX FALLS 100,00 100,00 SD TRIAL LAWYERS PAC PO BOX 1154; PIERRE PO BOX 488; PIERRE ASSOC, GEN. CONTRACTORS OF SP 300,00 100,00 SD ACTION COMM, FOR RURAL ELECTRIFIC. PO BOX 1138; PIERRE 120 N. EUCLID AVE, PIERRE SD R PAL (REALTORS) 200,00 804 N. WESTERN AVE; SIGUX FALLS 100,00 SO HEALTH CARE PAL 100.00 1200 S EUCLIO AVE, #104; SF SD EYE MD PAC 75,00 PO BOX 1194; PIERRE SD DAK D PAC 100.00 PO BOX 638; PIERRE

PO BOX 7077 PIERRE SD 200,00 SD MF'D HOUSING PAC 2250,00 Total Itemized Contributions from Political Action Committees: \*\$

PO BOX 190 , PIERRE

PO BOX CAG! MITCHELL

207 & CAPITOL, PIERRE

PO BOX 410; CAKES, ND 58474

150.00

100,00

200,00

100,00

SD RETAILERS PAC

TMPAC

BIPAC (BUSINESS & INDUSTRY)

OTTERTAIL POWER EMPLOYEES PAC

ICR OF SO (IND. BANKERS)

\$ 7152,00 Total of All Direct Contributions (Sum of all lines with an \*)

Name of Candidate or Committee	AL KOISTINEN
For the reporting period ending	DEC 31, 2002
	-Raising Events Proceeds
List on this schedule fund-raising events held to raiderived from each event. If a contributor gives me aggregate being more than \$100 in the calendar ye	ise money for the candidate and the net proceeds ore than \$100 or their contribution results in their ar, those contributions must be itemized on Schedule A.
Type of Event	Net Proceeds
	·
	Total: \$ - O -
***********************	
Schedule C -	In Kind Contributions
Report all non-cash contributions of goods or serv	ices and the estimated fair market value. If the value
exceeds \$100, the name of the contributor, resider	nce address and place of employment must be reported.
exceeds \$100, the name of the contributor, resider Nature of Non-Cash Contribution	mce address and place of employment must be reported.  Estimated Value Name of Contributor
	nce address and place of employment must be reported.
	nce address and place of employment must be reported.
	nce address and place of employment must be reported.
	nce address and place of employment must be reported.
	Estimated Value Name of Contributor
	nce address and place of employment must be reported.
Nature of Non-Cash Contribution	Estimated Value Name of Contributor
Nature of Non-Cash Contribution  Schedule	Estimated Value Name of Contributor  Total: \$
Nature of Non-Cash Contribution  Schedule	Total: \$  D - Other Income
Nature of Non-Cash Contribution  Schedule  Use this schedule to report any refunds, interest ex	Total: \$  D - Other Income  arned or other income which is not a direct contribution.

Name of Candidate or Committee AL KOISTINEN For the reporting period ending DEC 31, 2002 Schedule E - Expenditures This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually. Contributions Made to Candidates and Committees: Amount 3509,25 Advertising -0-Consulting 116,40 Postage 1496.20 Printing -0-Rent -0-Salaries 240,00 Telephone -0-Travel -0-Utilities

Other Expenses:

106.85 NEWSPAPER SUBSCRIPTIONS 61,12 SUPPLIES BANK CHARGES 72,00

•	Name of Candidate or Committee AL ROISTINEN					
	For the reporting period ending DEC 31, 2002					
	Schedule F - Debts and Obligations					
	This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.					

Owed To

Purpose

Amount

- 0-

Name	of	Candidate	OF	Committee	AL	KOISTINEN

For the reporting period ending DEC 31, 2002

## **Summary Page**

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1.	Amount on han	d, if any,	at beginning	of reporting	period	\$_	165,74
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2. Receipts

Reporting Period

Schedule A	- Direct	Contributions	\$_	7152,00
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\$ 7 <i>152.00</i>

\$ 2963.56

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)